



**State of Missouri
Office of Administration
Facilities Management**

DATE SUBMITTED: _____

FACILITY REQUEST

• DEPARTMENT: _____

• DIVISION: _____

• AGENCY LIAISON/CONTACT PERSON _____

• TELEPHONE NUMBER: _____

• Email ADDRESS: _____

• FUNDING SOURCE: ☐ HB13
☐ AGENCY OPERATING FUNDS
☐ OTHER _____

• CURRENT LEASE ID NUMBER _____
(If Applicable)

☐ **STATE OWNED REQUEST**

Submit request to:
State Owned Operations Manager
Truman Building Room 590
Jefferson City, MO 65109

☐ **LEASED FACILITY REQUEST**

Submit request to: Leasing Manager,
3225 West Truman Blvd., Suite 100
Jefferson City, MO 65109

• FACILITY LOCATION: _____

• CITY: _____

• COUNTY: _____

Please check one or more of the following as it relates to your space request:

☐ **Change in FTE**

Current FTE: _____

Fulltime _____ Part-time _____ Contract _____

Anticipated FTE Increase/Decrease: _____

☐ **Change in Program Delivery/Requirements**

☐ **Change in Space Requirements**

- ☐ Reduction
- ☐ Increase

☐ **Facility Renovation**

☐ **Systems Furniture
Modification/Installation**

Funding Source: _____

☐ **Change in Location**

☐ **New Requirement**

DESCRIPTION/JUSTIFICATION: (Provide a detailed description of the request and why it is needed to include any new legislation, change in appropriation, change in FTE, etc.)

AGENCY APPOINTING AUTHORITY

Signature: _____

Title: _____

Approval of this request identifies that I have reviewed the information and concur.

OA/FACILITIES MANAGEMENT

☐ **Approved - Date:** _____

Signature: _____

Detailed Space Analysis not required until this request has been reviewed and approved by OA Facilities Management.